
The State of Children in San Antonio Needs Assessment

Overview of Related Demographics,
Risk Factors, and Outcomes

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United Way of San Antonio and Bexar County
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Despite committed human service professionals and widespread public horror in response to too-frequent news accounts of children starving, being locked in filthy conditions, being tied or chained to furniture and doors, and being shaken, hit, burned, and killed, child abuse and neglect remain a vicious and unbroken intergenerational cycle in Bexar County. Parents of young children often face tremendous obstacles to providing the nurturing care that will help their children thrive, but most parents do want their children to thrive. Just a few of these obstacles are a history of having been abused or neglected themselves, being a current or former victim of family violence, mental illness including PTSD and depression, misuse of alcohol or drugs, criminal justice system involvement, low educational attainment and job skills, chronic grinding poverty, and living in a neighborhood that fuels toxic stress and is entirely disconnected from opportunity.

The larger context in Bexar County is a strong economy for those with the education and skills to secure and keep a job with good wages, rapidly rising housing costs, and dramatic change in old central-city neighborhoods seeing an influx of young professionals. The San Antonio area is experiencing a “brain gain” as well-educated and highly-skilled people immigrate, but the rates of poverty, school dropout, and violence in homes and neighborhoods are stubbornly stuck or even increasing. Income inequality and segregation, already among the highest in the country, continue to rise. And depending on which neighborhood one lives in, life expectancy varies by as much as *20 years*.

This document provides current and trended data on a number of indicators that inform the prevention of child abuse and neglect, including key demographics of families with young children, risk factors, child injury and death, and formal investigation of child abuse and neglect. Although beyond the scope of this document, by and large the data are available to inform a much stronger analysis of differences within Bexar County by neighborhood, race/ethnicity, and a host of risk and protective factors.

DEMOGRAPHIC INFORMATION

Population growth and child demographics

While not specific to families with young children, Bexar County’s high population growth is a key driving force of both social change and strain on human services and other infrastructure, including the services and infrastructure needed to support families. As of 2014 Bexar County’s population totaled nearly 1.9 million people, and that total is projected to reach 2.7 million – an increase of nearly half – by 2050 (U.S. Census Bureau; 2010 Census and 2014 ACS 1-Year Estimates; Texas State Data Center; Projections of the Population for 2010-2050, 2014.)

The Hispanic population, already younger than the total population, is growing faster than the non-Hispanic white and African-American populations (Texas State Data Center, Projections of the Population for 2010-2050, 2014). This disproportionate growth has serious implications for Bexar County families. Those implications will be discussed further in the *Risk Factors* section.

Of the 2014 population, an estimated 485,751 are children and youth under the age of 18. About a third of those are aged birth to five years, a third aged six to 11 years, and a third aged 12 to 17 years. More than two-thirds of children and youth – 68% as compared to 59% of the total population – are Hispanic. Another 20.4% ($\pm 0.1\%$) are non-Hispanic white, and the remaining 11.5% are overwhelmingly either African-American or multiracial (U.S. Census Bureau, 2014 ACS 1-Year Estimates).

Families with children birth to five

Bexar County is home to an estimated 101,847 families living with related children aged birth to five. These children are related to the householder but not necessarily the householder’s own natural or stepchild. About half of these families also have at least one older child (aged six to 17) in the home as well (U.S. Census Bureau, 2014 ACS 1-Year Estimates). As shown in Table 1, for about one in ten children in a family household, the householder is a grandparent of the child.

Table 1. Children by Relationship to Householder and Family Type

2014	
Relationship related child to householder	
Own child (biological, step or adopted)	85.5% ($\pm 1.1\%$)
Grandchild	10.4% ($\pm 1.0\%$)
Other relatives	2.6% ($\pm 0.5\%$)
Foster child or other unrelated child	1.5% ($\pm 0.4\%$)

Source: U.S. Census Bureau; 2010-2014 ACS 1-Year Estimates, Table S0901¹ and S0101²

The data in Table 2 is specific to families living with their *own* children, not any related child. Among these families, about 65% are headed by a married-couple family and 27% by a single female.

Table 2. Family Demographics by Children's Age

2014	
Families with own children age 0-4 years	
Married couple families	64.7% ($\pm 1.8\%$)
Single male householder	8.2% ($\pm 1.5\%$)
Single female householder	27.1% ($\pm 2.8\%$)

Source: U.S. Census Bureau; 2014 ACS 1-Year Estimates, Table B09002 and S010

RISK FACTORS

The data presented below cover a wide range of risk factors and outcomes for children and families of children birth to five. In most cases only two or three years of data are presented here for the sake of space and readability. But in all cases at least five years of data, often disaggregated by race/ethnicity and zip code, are available to inform interventions.

Educational attainment, poverty, unemployment, and income inequality

Table 3 on the following page summarizes several of the most important “root cause” risk factors for Bexar County’s families with children birth to five. All of these risk factors reinforce each other, forming a vicious cycle within and across generations.

The first risk factor is low educational attainment, and Bexar County has made very little progress on this front in recent years. Nearly one in 10 adults 25 and older never reached 9th grade, and another nearly one in 10 didn’t finish high school. One-quarter of adults have only a high-school diploma or GED. These figures vary greatly by race/ethnicity, however. Among non-Hispanic whites, 21% have only a high school diploma/GED or less, but that proportion is more than twice as high (48%) for Hispanics. Educational attainment information specifically for adults with children birth to five is not available. But younger adults are somewhat more likely (88%) than the total adult population (83%) to have at least a high school education (U.S. Census 2014 ACS 1-Year Estimates).

Bexar County’s children are more likely than adults to live in poverty (Table 3): 27% of children and youth under 18 years live in poverty, half again the proportion (18%) of the total population. And while the margins of error make it difficult to pin down trends, all of these figures appear to be up slightly since 2010.

Among families in general, most but not all of which include children, the data show a clear relationship between poverty and educational attainment. Among families where the householder did not finish high school, 33% live below the poverty level, and among those where the householder has only a high school diploma or GED, 20% live below the poverty level. In comparison, among families where the householder has at least a bachelor’s degree, only 4% live in poverty (U.S. Census 2014 ACS 1-Year Estimates).

Bexar County and other Texas cities have benefited from a strong economy relative to other major U.S. cities, and the unemployment rate decreased significantly from 2010 to 2014. However, labor force participation among the total population 16 and older is 65% as of 2014, but that figure falls to 53% among people living under the poverty level (U.S. Census 2014 ACS 1-Year Estimates). The unemployment rate captures only those people who are formally seeking employment. The gap in labor force participation between the total population versus the population in poverty may speak to the number of people who are not seeking employment at all because of a criminal background or disability, both significant barriers to employment in Bexar County.

Table 3. Educational Attainment, Poverty, Unemployment, Uninsured, and Income Inequality

	Bexar		Texas
	2010	2014	2014
Educational Attainment, Percent of population 25+ by highest level of education completed¹			
< 9th Grade	8.9% (±0.5%)	8.9% (±0.6%)	9.9% (±0.1%)
9th-12th Grade	9.1% (±0.5%)	8.9% (±0.6%)	8.8% (±0.1%)
High School	24.9% (±0.8%)	24.4% (±0.8%)	25.2% (±0.2%)
Some College	24.1% (±0.8%)	24.0% (±0.8%)	22.5% (±0.2%)
Associate's	7.4% (±0.4%)	7.1% (±0.6%)	6.7% (±0.1%)
Bachelor's or Higher	25.8% (±0.7%)	26.7% (±0.8%)	27.8% (±0.2%)
Poverty²			
Population below 100% of the poverty level	16.9% (±0.8%)	18.4% (±0.8%)	17.2% (±0.2%)
Children under 18 years below 100% of the poverty level	24.5% (±1.7%)	27.0% (±1.8%)	24.6% (±0.4%)
Percent of families with related children under 18 below 100% of the poverty level	19.0% (±1.3%)	21.4% (±1.5%)	19.9% (±0.3%)
Unemployment³			
Unemployment rate population 16 and older	8.8% (±0.6%)	6.6% (±0.5%)	6.1% (±0.1%)
Income Inequality⁴			
Gini Index	0.454	0.470	0.483
Uninsured⁵			
Percent of total population uninsured	20.4% (±0.90%)	16.3% (±0.80%)	19.1% (±0.2%)

Source: U.S. Census Bureau; 2011-2014 ACS 1-Year Estimates, Table S1501¹, S1702², S2301³, B19083⁴, and S2701⁵.

Although it is not frequently discussed, income inequality and income segregation are serious and growing problems in Bexar County. Income inequality is the gap between the richest and poorest members of a

community, and income segregation is the clustering and separation from each other of high- and low-income people. Both deepen poverty and prevent Bexar County families from achieving and sustaining health and well-being.

Bexar County's Gini Index, a common measure of income inequality, has risen from 0.454 to 0.470 between 2010 and 2014. As a point of comparison, that figure places Bexar County between China and the Dominican Republic in extremity of income inequality (U.S. Central Intelligence Agency, [The World Factbook](#), 2016). And the Pew Research Center ranks the San Antonio-New Braunfels area as the single most income-segregated of the 30 largest metropolitan areas in the U.S. in 2010 (Pew Research Center, [The rise of residential segregation by income](#), 2012).

Access to health care, childcare, and nutrition assistance

Despite Texas' decision not to expand Medicaid, Bexar County has made some progress in decreasing the proportion of people entirely lacking health insurance, likely attributable to the Affordable Care Act. That figure fell from 20% in 2010 to 16% in 2014 (Table 3), and when available, 2015 figures will likely show a further decrease. Again, insurance coverage

tracks closely with educational attainment. Among adults 25 and older without a high school diploma or GED, 33% are uninsured, as compared to only 7% among those with a bachelor's degree or higher (U.S. Census 2014 ACS 1-Year Estimates). Unfortunately, health insurance does not necessarily equate to utilization of preventive and primary care. Table 4 shows that among of Medicaid-enrolled children eligible for a Texas HealthSteps exam, only a fraction actually receive it.

Table 4. Preventive Care Among Children Enrolled in Medicaid, Bexar County

	2010	2011	2012
Child Preventive Care			
Eligible for medical checkup	254,475	267,497	271,088
% with a medical checkup in past year	49%	49%	48%
Eligible for a dental checkup	236,896	249,151	271,088
% with one dental checkup in past year	38%	37%	33%
% with two dental checkups in past year	20%	20%	17%

Source: Texas Health and Human Service Commission, 2013

Like health care, access to quality child care is critical for families with young children. As shown in Table 5, the number of child care facilities and child care slots per 1,000 children under 13 years of age has declined markedly in recent years. Some young children may have shifted from formal child care to pre-K as the PreK4SA initiative expanded the number of pre-K seats available, but it is difficult to tell whether facilities downsize or close for lack of enrollment or some other reason. The large number of children on the wait list for subsidized child care speaks to the financial barriers to enrolling for available slots. Financial hardship is apparent, too, in the dramatic growth in participation in the SNAP nutrition assistance program.

Table 5. Child Care Capacity and Subsidized Child Care, Bexar County

	2011	2013	2015
Child Care Capacity¹			
Licensed day care centers & homes per 1,000 children 0-13	1.8	1.6	1.4
Licensed day care capacity per 1,000 children 0-13	180.3	164.9	159.9
Registered child-care homes per 1,000 children 0-13	1.4	1.0	0.9
Subsidized Child Care²			
Number on subsidized child care wait list	5,054	3,695	4,313
SNAP³			
SNAP monthly average participation	272,545	279,315	300,406

Source: ¹Texas Department of Family, 2010-2015; ²Protective Services and Department of Human Services, City of San Antonio, 2010-2015; and ³Texas Health and Human Services Commission, 2010-2015.

Perinatal risk factors and outcomes

Table 6 summarizes characteristics of births and mothers. Although the total birthrate is declining, Bexar County's total births are rising. As is the case across the county, Bexar County's teen birthrate has declined dramatically since 2010, driven by steep declines among Hispanic and black teens. However, it still far exceeds the U.S. teen birthrate. Other various characteristics of births to single mothers have remained relatively constant over time. Of concern, though, is that roughly four in 10 births is to a mother who did not receive prenatal care in the first trimester. Although the reason is unclear, the rate of hospitalization for pregnancy- and childbirth-related complications appears to be rising in recent years. A 2010 analysis – the most recent conducted – estimated that more than six in 10 pregnancies among Bexar County adults aged 18 to 29 were unplanned, as compared to 50% nationally (Stoeltje, M.F. [Unplanned pregnancies 'epidemic'](#). *San Antonio Express-News*, April 23, 2010).

Table 6. Characteristics of Births and Mothers, Bexar County and Texas

	Bexar	Texas
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	2010	2014	2014
Births¹			
Total number of births	26,074	27,781	399,482
Birthrate per 1,000 females aged 15-19 years: total	51.8	36.5	37.8
Birthrate per 1,000 females aged 15-19 years: Hispanic	65.4	43.8	54.7
Birthrate per 1,000 females aged 15-19 years: non-Hispanic black	46.6	31.8	39.3
Birthrate per 1,000 females aged 15-19 years: non-Hispanic white	18.9	18.0	23.4
Percentage of births to single mothers	46%	44%	42%
Percentage of births to mothers receiving prenatal care in first trimester	60%	57%	62%
Percentage of births with low birth weight	9%	9%	8%
Percentage of pre-term births	14%	12%	
Pregnancy/childbirth complications to mothers aged 15-44 years, number of hospitalizations per 10,000 females	405.5	425.4	NA

Source: Texas Department of State Health Services, 2010-2014 NA: Not available

Mental illness and substance use

Mental illness and substance use, both strongly linked to a history of adverse childhood experiences, are also themselves risk factors for child abuse and family violence. Data is not available specifically for families with young children or for Texas overall, but Table 7 shows the rate of mental illness- or substance use-related hospitalizations by age group for Bexar County youth and adults. The mental illness-related hospitalization rate among children and youth under 18 has risen dramatically, but that increase may be an artifact of better recognition and documentation of mental illness among youth.

Table 7. Hospitalizations Related to Mental Illness and Substance Use, Bexar County

	2010	2012	2014
Mental Disorders			
Hospitalization rate ages 0-17 years per 10,000	64.5	70.9	87.3
Hospitalization rate ages 18-64 years per 10,000	104.2	111.8	112.8
Drug & Alcohol			
Hospitalization rate ages 0-17 years per 10,000	0.4	0.2	0.2
Hospitalization rate ages 18-64 years per 10,000	11.2	11.4	10.8

Source: Texas Department of State Health Services, 2010-2014

Child abuse and family violence

As measured solely by the rate of confirmed victims per 1,000 children, child abuse and neglect would appear to be declining significantly in Bexar County (Table 8). The decline in the foster care rate points to the same conclusion.

Table 8. Child Abuse and Neglect and Family Violence, Bexar County and Texas

	Bexar			Texas
	2013	2014	2015	2015
Child Abuse and Neglect¹				
Confirmed victims of abuse/neglect per 1,000 children 0-20	12.1	11.1	9.9	9.1
% of children served who are re-victimized within 5	20%	19%	20%	18%

years				
In TDFPS responsibility per 1,000 children 0-17	11.5	11.1	10.1	6.5
In foster care specifically per 1,000 children 0-20	7.2	7.0	6.5	4.3
		Bexar		Texas
	2012	2013	2014	2014
Family Violence Crime²				
Family violence incidents per 100,000 population	893.5	575.9	712.7	690.1

Source: ¹Texas Department of Family and Protective Services, 2010-2014 and ²Texas Department of Public Safety, 2010-2014

But that apparent trend is strongly counter to what human service professionals and the general public perceive, and other indicators call the decline into serious question. And several other indicators from the same robust data source point to the possibility that the decline is less about a decrease in abuse and neglect than a decrease in the system's ability to timely and appropriately address and confirm or rule out abuse/neglect.

Table 9 shows the percent change from 2010 to 2015 for a number of indicators that measure specific points in the abuse/neglect investigation process. While initial intakes dropped, so did the percent of reports assigned for investigation and the percent of investigations completed. Because a report must be assigned and completed for abuse/neglect to be confirmed or ruled out, these drops could contribute substantially to the drop in confirmed victims. And if child abuse/neglect had truly decreased by 28% since 2010, it seems odd that the percent of completed investigations confirmed decreased only 6%, and the revictimization rate not at all. In other words, abuse/neglect is just as frequent as ever among children in complete investigations and children confirmed as victims in years prior. UWSA hopes to work directly with the Texas Department of Family and Protective Services to better understand this data and its implications for local efforts to decrease abuse/neglect and support the law enforcement and human services systems investigating and responding to it.

Table 9. Case movement through CPS investigative process, Bexar County

	FY2010	FY2015	Pct Change
Total eligible population (children)	434,810	496,981	14.3%
Initial intakes alleging abuse/neglect per 1,000 children	53.9	48.5	-10.0%
Percent of reports assigned for investigation	87.2%	70.9%	-18.6%
Percent investigations completed	62.9%	57.2%	-9.0%
Percent investigations confirmed	22.6%	21.3%	-5.8%
Alleged victims per 1,000 children	59.3	47.0	-20.7%
Alleged victims in unconfirmed investigations per 1,000 children	43.9	35.6	-18.9%
Confirmed victims per 1,000	13.8	9.9	-28.3%
Percent of victims confirmed five years ago who are confirmed as re-victimized	19.8%	19.8%	0.0%

Source: Texas Department of Family and Protective Services, 2010-2015.

Injury and Death among infants and young children

Whether or not infant and child injuries or deaths result directly from child abuse and neglect, the injury and death rates and causes paint a picture of the social and economic environment in which neglect occurs. So the data below should be considered "bellwether" indicators of abuse and neglect, not necessarily indicators of the direct or indirect outcomes of abuse and neglect.

Five-year average Injury rates for infants and for children aged one to four years are shown in Table 10 below. The most common cause of injury is falls, at 23.2 per 10,000 among infants and 12.8 per 10,000 among children one to four. The

second and third most common causes are assault (5.3 and 1.1 per 10,000) and burns (4.4 and 5.0 per 10,000). Bexar County’s rate of burn injuries far exceeds that of Texas in both age groups.

Table 10. Five-year average injury rates per 10,000 population by type, Bexar County and Texas

Type of Injury	Bexar			Texas		
	Under 1	01-04	Grand Total	Under 1	01-04	Grand Total
Assault	5.3	1.1	2.0	6.4	1.0	2.1
Intentional self-harm	0.0	0.0	0.0	0.0	0.0	0.0
Late Effects of Injury	---	---	0.1	0.1	0.1	0.1
Legal Intervention/War	---	---	---	0.0	---	0.0
Undetermined Intent	0.9	0.2	0.3	1.9	0.3	0.6
Unintentional: Burn, Fire/Flame or Hot Object/Substance	4.4	5.0	4.9	3.0	3.9	3.7
Unintentional: Cut/Pierce	---	0.4	0.4	0.2	0.8	0.7
Unintentional: Drowning/Submersion	0.0	0.1	0.1	0.1	0.1	0.1
Unintentional: Fall	23.2	12.8	14.9	24.7	16.8	18.4
Unintentional: Firearm	0.0	---	---	0.0	0.1	0.0
Unintentional: Machinery	0.0	---	---	0.1	0.1	0.1
Unintentional: Motor Vehicle Traffic	2.3	3.7	3.4	3.0	4.4	4.1
Unintentional: Natural/Environment	0.5	0.9	0.8	0.4	1.5	1.2
Unintentional: Other	1.1	1.1	1.1	2.5	2.3	2.3
Unintentional: Other Transport	---	0.2	0.2	0.3	0.8	0.7
Unintentional: Overexertion	---	0.1	0.2	0.1	0.1	0.1
Unintentional: Poisoning	0.0	---	---	0.1	0.1	0.1
Unintentional: Struck By/Against	1.5	2.1	2.0	1.8	2.7	2.5
Unintentional: Suffocation	---	---	0.1	0.1	0.1	0.1
Unknown	0.8	0.2	0.3	0.9	0.4	0.5
Total	2.0	1.4	1.5	2.3	1.8	1.9

Source: Texas Department of State Health Services, 2008-2012

The number of infant deaths each year is low, particularly once the data is broken out by race/ethnicity. So even using three-year moving averages, Bexar County’s infant mortality rate tends to “bounce” from year to year and trends should be interpreted with caution. However, it does appear that the mortality rate is dropping slightly among Hispanics and non-Hispanic black infants (Table 10), again mirroring a national trend. However, this infant mortality rate places Bexar County on par internationally with Bosnia and Herzegovina; in contrast, the United Kingdom’s infant mortality rate stands at 4.4 per 1,000, and Japan at 2.1 per 1,000 (U.S. Central Intelligence Agency, *The World Factbook*, 2016). Bexar County’s infant mortality rate is higher than Texas for Hispanics and slightly lower for non-Hispanic whites.

Table 11. Infant Deaths, Bexar County and Texas

	Bexar ¹		Texas ²
	2008-10	2011-13	2011-13
Infant Mortality Rate			
Infant mortality rate per 1,000 births (3-year moving average)	6.1	5.7	5.8
White infant mortality rate per 1,000 births (3-year moving average)	4.5	4.6	5.1
Black infant mortality rate per 1,000 births (3-year moving average)	10.9	7.0	10.7
Hispanic infant mortality rate per 1,000 births (3-year moving average)	6.4	6.1	5.3

Source: ¹San Antonio Metropolitan Health District, 2010-2013; ²CDC [National Vital Statistics Report](#), Vol 64, No. 9, August 6, 2015.

As we would expect, the most common causes of infant deaths are congenital malformations (birth defects) and the effects of prematurity and low birthweight (Table 11). The third most common cause is sudden infant death.

Table 12. Infant Deaths by Cause, Bexar County

		2010-13
Infant Death Rate by Cause		
Congenital Malformation - Infant death rate per 100,000 live births		135.4
Short Gestation & Low Birthweight - Infant death rate per 100,000 live births		120.3
Sudden Infant Death Syndrome - Infant death rate per 100,000 live births		71.5

Source: San Antonio Metropolitan Health District, 2010-2013

Birth defects are a leading cause of death among children aged one to four as well. Other leading causes of death for Bexar County's young children are motor vehicle accidents, cancer, cardiovascular disease, and homicide (Texas Department of State Health Services, 2010-2013). Deaths from accidents and homicide are, of course, preventable, as are a number of birth defects with appropriate prenatal and perinatal care.